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CONFIRMATION NO. 9340

Bib Data Sheet

|                             |  |              |                        |                                      |
|-----------------------------|--|--------------|------------------------|--------------------------------------|
| SERIAL NUMBER<br>10/790,313 | FILING OR 371(c)<br>DATE<br>03/01/2004<br>RULE | CLASS<br>428 | GROUP ART UNIT<br>1773 | ATTORNEY<br>DOCKET NO.<br>890050.460 |
|-----------------------------|--|--------------|------------------------|--------------------------------------|

**APPLICANTS**

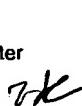
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**\*\* CONTINUING DATA \*\*\*\*\*****\*\* FOREIGN APPLICATIONS \*\*\*\*\***

JAPAN 2003-059494 03/06/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

**\*\* 05/19/2004**

|                                 |   |              |                    |
|---------------------------------|---|--------------|--------------------|
| Foreign Priority claimed        | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   |              |                    |
| 35 USC 119 (a-d) conditions met | <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after<br>allowance   |              |                    |
| Verified and Acknowledged       | Examiner's Signature  Initials  |              |                    |
| STATE OR COUNTRY                | SHEETS DRAWING  | TOTAL CLAIMS | INDEPENDENT CLAIMS |
| JAPAN                           | 5   | 20           | 2                  |

**ADDRESS**

00500

**TITLE**

Magnetic tape and method for manufacturing the same

|                            |   |   |
|----------------------------|---|---|
| FILING FEE RECEIVED<br>920 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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